

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/807,388
		Filing Date	March 24, 2004
		First Named Inventor	Theodore Rappaport
		Art Unit	3694
		Confirmation Number	3327
		Examiner Name	Colbert, Ella
Total Number of Pages in this Submission	2	Attorney Docket Number	WV00015 CP3

## ENCLOSURES

(check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Barbara R. Doutre	Registration No.	39,505
Signature	/Barbara R. Doutre/		
Date	Octobner 2, 2007		

## CERTIFICATE OF TRANSMITTAL/MAILING

I hereby certify that this correspondence is being facsimile transmitted to facsimile number or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to:  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:

Typed or printed name			
Signature	Date		